



DEPARTMENT OF ENVIRONMENTAL HEALTH
1900 E. NINTH STREET, WICHITA, KS 67214
PHONE: (316) 268-8351 FAX: (316) 268-8390

REQUEST FOR LOAN INSPECTION

Note: A "loan inspection" by this department is required before the transfer of ownership of any property within the City of Wichita that has any type of existing water well; regardless of whether a loan is actually involved or not. Inspections for properties outside the City of Wichita or for refinancing with the same property owner are performed as a service for the requestor. Requests must be submitted on this form and cannot be processed until all necessary information is provided.

STREET ADDRESS OF PROPERTY: _____

WICHITA [] COUNTY [] OTHER CITY [_____] SALE [] REFINANCE []

- IS THE PROPERTY SERVED BY A PRIVATE SEWAGE SYSTEM? **NO** []
YES - SEPTIC SYSTEM [] WASTE STABILIZATION POND/LAGOON []
 - PROPERTY TAX KEY NUMBER _____

- IS THE PROPERTY SERVED BY A PUBLIC WATER SUPPLY? **NO** []
YES - CITY _____ RURAL WATER DISTRICT # _____

- ARE THERE ANY WATER WELLS ON THE PROPERTY? **NO** []
YES - PERSONAL USE [] IRRIGATION [] OTHER []

- **LOCATION OF WELL(S):** _____

CONTACT PERSON: WILL BE CALLED TO MEET INSPECTOR AT PROPERTY AND PROVIDE ENTRY TO HOME. MUST KNOW LOCATION OF ALL WELLS AND SEWAGE SYSTEM. INSTRUCTIONS AND VERBAL REPORTS OF THE INSPECTION AND ANY WATER TESTING WILL BE GIVEN TO THIS PERSON ONLY!

NAME: _____ PHONE: _____

FILL IN NAMES AND ADDRESSES FOR COPIES OF INSPECTION REPORT. PLEASE PLACE AN "R" IN THE BOX BY THE NAME OF THE PERSON REQUESTING THIS INSPECTION.

SELLER:

1	
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BUYER:

2	
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LENDER:

3	
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PHONE : _____ FAX: _____

OTHER:

4	
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PHONE : _____ FAX: _____

***** HEALTH DEPARTMENT USE ONLY *****

REC'D DATE: _____ TIME: _____

ROUTING DATE: _____ TIME: _____

BILL TO: # _____ AMT. \$ _____

PERMIT: NA, NOF _____

